

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003983

Entity Name: COMMUNITY DEVELOPMENT CORPORATION OF LEESBURG, INC.**FILED**
Apr 10, 2017
Secretary of State
CC6928162860**Current Principal Place of Business:**314 S. CANAL STREET
LEESBURG, FL 34748**Current Mailing Address:**314 S. CANAL STREET
LEESBURG, FL 34748 US**FEI Number: 59-3455505****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CHRISTIAN, JOHN HII
314 S CANAL STREET
LEESBURG, FL 34748 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	C
Name	CHRISTIAN, JOHN HII
Address	314 S CANAL STREET
City-State-Zip:	LEESBURG FL 34748

Title	VC
Name	SAMUEL, CAROLYN C
Address	314 S CANAL STREET
City-State-Zip:	LEESBURG FL 34748

Title	S
Name	CONEY, BETTYE S
Address	314 S. CANAL STREET
City-State-Zip:	LEESBURG FL 34748

Title	T
Name	MARSHALL, FRAZIER J
Address	314 S CANAL STREET
City-State-Zip:	LEESBURG FL 34748

Title	D
Name	SMITH, JESSIE L
Address	314 S. CANAL STREET
City-State-Zip:	LEESBURG FL 34748

Title	D
Name	MCDUFFIE, MARTINIS
Address	314 S. CANAL STREET
City-State-Zip:	LEESBURG FL 34748

Title	DIRECTOR
Name	BISBEE, DONALD
Address	314 S. CANAL STREET
City-State-Zip:	LEESBURG FL 34748

Title	DIRECTOR
Name	HEPBURN, RANDY
Address	314 S. CANAL STREET
City-State-Zip:	LEESBURG FL 34748

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN H. CHRISTIAN II**CHAIRMAN****04/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LOWERY, CHRYLE
Address 314 S. CANAL STREET
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name ODOM, JR., RALPH
Address 314 S. CANAL STREET
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name PERSON, TONY REV.
Address 314 S. CANAL STREET
City-State-Zip: LEESBURG FL 34748